PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10020 909-1

CLAIMS AS FILED - PART I (Column 1) (Column 1)						ımn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS	,	20	2		-		RATE	FEE	7	RATE	FEE
FC)R		NUMBER	FILED .	NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	OTAL CHARGEA	ABLE CLAIMS	20 min	nus 20=	. 0] [X\$ 9=		OR	X\$18=	
INC	DEPENDENT CL	LAIMS	3 mi	inus 3 =	* 6	5		X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT]	+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	:"0" in c	olumn 2	1	TOTAL		OR		776
	С	CLAIMS AS A	MENDED			(2.1 2)		SMALL	ENITITY	OR	OTHER SMALL E	THAN
_		(Column 1)	Τ	(Colun		(Column 3)	, ק	SIVIALL.		Оп 1	30025	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 2: 2184	=		X43=		OR	X86=	· 1
لــا	FIRST PHESE	ENTATION OF ML	JLTIPLE DEF	ENDEN	CLAIM		, [+145=		OR	+290=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST BER DUSLY	PRESENT EXTRA	$\Big] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	** 5		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=]	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		┚┞	+145=			+290=	
							L	TOTAL		OR	TOTAL	
								DDIT. FEE	لـــــــا	OR ,	ADDIT. FEE	
—		(Column 1)	•	(Colum		(Column 3)	, <u> </u>					
AMENDMENT C	`	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										222	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** [1	f the "Highest Nun	mber Previously Pai imber Previously Pa	aid For IN THIS	S SPACE is	s less than	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					er foun	id in the appr	ropriate box	in colu	umn 1.	